

台灣癌症登記長表摘錄手冊 2018 v.1_正式公告修訂處

癌症登記收錄欄位名稱與資料格式表

修訂原發部位至癌症部位特定因子 10 起迄欄位：(p.5)

序號	欄位名稱	英文欄位名稱	長度	欄位		資料型態
				起	訖	
2.6	原發部位	Primary Site	4	78	81	文字
2.7	側性	Laterality	1	82	82	文字
2.8	組織類型	Histology	4	83	86	文字
2.9	性態碼	Behavior Code	1	87	87	文字
2.10.1	臨床分級/分化	Grade Clinical	1	88	88	文字
2.10.2	病理分級/分化	Grade Pathological	1	89	89	文字
2.11	癌症確診方式	Diagnostic Confirmation	1	90	90	文字
2.12	首次顯微鏡檢證實日期	Date of First Microscopic Confirmation	8	91	98	文字
2.13	腫瘤大小	Tumor Size	3	99	101	文字
2.13.1	神經侵襲	Perineural Invasion	1	102	102	文字
2.13.2	淋巴管或血管侵犯	Lymph-vascular invasion	1	103	103	文字
2.14	區域淋巴結檢查數目	Regional Lymph Nodes Examined	2	104	105	文字
2.15	區域淋巴結侵犯數目	Regional Lymph Nodes Positive	2	106	107	文字
3.1	診斷性及分期性手術處置日期	Date of Surgical Diagnostic and Staging Procedure	8	108	115	文字
3.2	外院診斷性及分期性手術處置	Surgical Diagnostic and Staging Procedure at Other Facility	2	116	117	文字

序號	欄位名稱	英文欄位名稱	長度	欄位		資料 型態
				起	訖	
3.3	申報醫院診斷性及分期性手術處置	Surgical Diagnostic and Staging Procedure at This Facility	2	118	119	文字
3.4	臨床 T	Clinical T	4	120	123	文字
3.5	臨床 N	Clinical N	3	124	126	文字
3.6	臨床 M	Clinical M	3	127	129	文字
3.7	臨床期別組合	Clinical Stage Group	3	130	132	文字
3.8	臨床分期字根/字首	Clinical Stage (Prefix/Suffix) Descriptor	1	133	133	文字
3.10	病理 T	Pathologic T	4	134	137	文字
3.11	病理 N	Pathologic N	3	138	140	文字
3.12	病理 M	Pathologic M	3	141	143	文字
3.13	病理期別組合	Pathologic Stage Group	3	144	146	文字
3.14	病理分期字根/字首	Pathologic Stage (Prefix/Suffix) Descriptor	1	147	147	文字
3.16	AJCC 癌症分期版本與章節	The Edition and Chapter of AJCC Cancer Staging	5	148	152	文字
3.17	其他分期系統	Other Staging System	2	153	154	文字
3.19	其他分期系統期別 (臨床分期)	Clinical Other Staging System	4	155	158	文字
3.21	其他分期系統期別 (病理分期)	Pathologic Other Staging System	4	159	162	文字
4.1	首次療程開始日期	Date of First Course of Treatment	8	163	170	文字
4.1.1	首次手術日期	Date of First Surgical Procedure	8	171	178	文字

序號	欄位名稱	英文欄位名稱	長度	欄位		資料 型態
				起	訖	
4.1.2	原發部位最確切的手術 切除日期	Date of Most Definite Surgical Resection of the Primary Site	8	179	186	文字
4.1.3	外院原發部位手術方式	Surgical Procedure of Primary Site at Other Facility	2	187	188	文字
4.1.4	申報醫院原發部位手術 方式	Surgical Procedure of Primary Site at this Facility	2	189	190	文字
4.1.4.1	微創手術	Minimally invasive surgery	1	191	191	文字
4.1.5	原發部位手術邊緣	Surgical Margins of The Primary Site	1	192	192	文字
4.1.5.1	原發部位手術切緣距離	Surgical Margins Distance of the Primary Site	3	193	195	文字
4.1.6	外院區域淋巴結手術 範圍	Scope of Regional Lymph Node Surgery at Other Facility	1	196	196	文字
4.1.7	申報醫院區域淋巴結 手術範圍	Scope of Regional Lymph Node Surgery at this Facility	1	197	197	文字
4.1.8	外院其他部位手術方式	Surgical Procedure/Other Site at Other Facility	1	198	198	文字
4.1.9	申報醫院其他部位手術 方式	Surgical Procedure/Other Site at this Facility	1	199	199	文字
4.1.10	原發部位未手術原因	Reason for No Surgery of Primary Site	1	200	200	文字
4.2.1.1	放射治療臨床標靶體積 摘要	RT Target Summary	2	201	202	數字
4.2.1.2	放射治療儀器	RT Modality	3	203	205	數字
4.2.1.3	放射治療開始日期	Date of RT Started	8	206	213	文字
4.2.1.4	放射治療結束日期	Date of RT Ended	8	214	221	文字
4.2.1.5	放射治療與手術順序	Sequence of Radiotherapy and Surgery	2	222	223	數字

序號	欄位名稱	英文欄位名稱	長度	欄位		資料 型態
				起	訖	
4.2.1.6	區域治療與全身性治療 順序	Sequence of Locoregional Therapy and Systemic Therapy	2	224	225	數字
4.2.1.8	放射治療執行狀態	RT Status	2	226	227	文字
4.2.2.1	體外放射治療技術	EBRT Technique	3	228	230	數字
4.2.2.2.1	最高放射劑量臨床標靶 體積	Target of CTV_H	2	231	232	數字
4.2.2.2.2	最高放射劑量臨床標靶 體積劑量	Dose to CTV_H (cGy)	5	233	237	文字
4.2.2.2.3	最高放射劑量臨床標靶 體積治療次數	Number of Fractions to CTV_H	2	238	239	文字
4.2.2.3.1	較低放射劑量臨床標靶 體積	Target of CTV_L	2	240	241	數字
4.2.2.3.2	較低放射劑量臨床標靶 體積劑量	Dose to CTV_L (cGy)	5	242	246	文字
4.2.2.3.3	較低放射劑量臨床標靶 體積治療次數	Number of Fractions to CTV_L	2	247	248	文字
4.2.3.1	其他放射治療儀器	Other RT Modality	2	249	250	數字
4.2.3.2	其他放射治療技術	Other RT Technique	2	251	252	數字
4.2.3.3.1	其他放射治療臨床標靶 體積	Target of Other RT	2	253	254	數字
4.2.3.3.2	其他放射治療臨床標靶 體積劑量	Dose to Target of Other RT	5	255	259	文字
4.2.3.3.3	其他放射治療臨床標靶 體積治療次數	Number of Fractions of Other RT	2	260	261	文字
4.3.1	全身性治療開始日期	Date of Systemic Therapy Started	8	262	269	文字
4.3.2	外院化學治療	Chemotherapy at Other Facility	2	270	271	文字

序號	欄位名稱	英文欄位名稱	長度	欄位		資料 型態
				起	訖	
4.3.3	申報醫院化學治療	Chemotherapy at This Facility	2	272	273	文字
4.3.4	申報醫院化學治療開始日期	Date of Chemotherapy Started at This Facility	8	274	281	文字
4.3.5	外院荷爾蒙/類固醇治療	Hormone/Steroid Therapy at Other Facility	2	282	283	文字
4.3.6	申報醫院荷爾蒙/類固醇治療	Hormone/Steroid Therapy at This Facility	2	284	285	文字
4.3.7	申報醫院荷爾蒙/類固醇治療開始日期	Date of Hormone/Steroid Therapy Started at This Facility	8	286	293	文字
4.3.8	外院免疫治療	Immunotherapy at Other Facility	2	294	295	文字
4.3.9	申報醫院免疫治療	Immunotherapy at This Facility	2	296	297	文字
4.3.10	申報醫院免疫治療開始日期	Date of Immunotherapy Started at This Facility	8	298	305	文字
4.3.11	骨髓/幹細胞移植或內分泌處置	Hematologic Transplant and Endocrine Procedure	2	306	307	文字
4.3.12	申報醫院骨髓/幹細胞移植或內分泌處置開始日期	Date of Hematologic Transplant and Endocrine Procedure Started at This Facility	8	308	315	文字
4.3.13	外院標靶治療	Target Therapy at Other Facility	2	316	317	文字
4.3.14	申報醫院標靶治療	Target Therapy at This Facility	2	318	319	文字
4.3.15	申報醫院標靶治療開始日期	Date of Target Therapy Started at This Facility	8	320	327	文字
4.4	申報醫院緩和照護	Palliative Care at This Facility	1	328	328	文字

序號	欄位名稱	英文欄位名稱	長度	欄位		資料 型態
				起	訖	
4.5.1	其他治療	Other Treatment	2	329	330	文字
4.5.2	其他治療開始日期	Date of Other Treatment Started	8	331	338	文字
5.1	首次復發日期	Date of First Recurrence	8	339	346	文字
5.2	首次復發型式	Type of First Recurrence	2	347	348	文字
5.3	最後聯絡或死亡日期	Date of Last Contact or Death	8	349	356	文字
5.4	生存狀態	Vital Status	1	357	357	文字
6.1	摘錄者	Abstracted by	10	358	367	文字
7.1	身高	Height	3	368	370	文字
7.2	體重	Weight	3	371	373	文字
7.3	吸菸行為	Smoking Behavior	6	374	379	文字
7.4	嚼檳榔行為	Betel Nut Chewing Behavior	6	380	385	文字
7.5	喝酒行為	Drinking Behavior	3	386	388	文字
7.6	首次治療前生活功能狀態評估	Assessment of Performance Status before Treatment	3	389	391	文字
8.1	癌症部位特定因子 1	Site-Specific Factor 1	3	392	394	文字
8.2	癌症部位特定因子 2	Site-Specific Factor 2	3	395	397	文字
8.3	癌症部位特定因子 3	Site-Specific Factor 3	3	398	400	文字
8.4	癌症部位特定因子 4	Site-Specific Factor 4	3	401	403	文字
8.5	癌症部位特定因子 5	Site-Specific Factor 5	3	404	406	文字
8.6	癌症部位特定因子 6	Site-Specific Factor 6	3	407	409	文字
8.7	癌症部位特定因子 7	Site-Specific Factor 7	3	410	412	文字
8.8	癌症部位特定因子 8	Site-Specific Factor 8	3	413	415	文字
8.9	癌症部位特定因子 9	Site-Specific Factor 9	3	416	418	文字

序號	欄位名稱	英文欄位名稱	長度	欄位		資料 型態
				起	訖	
8.10	癌症部位特定因子 10	Site-Specific Factor 10	3	419	421	文字

第一部分 個案的選擇和編碼原則總論修正

修訂申報個案條件第八大點文字及刪除表格：(p.16)

(八)自 2013 年起新診斷為結直腸腫瘤(C18.0-C20.9)之個案其組織型態為 high grade dysplasia 或 severe dysplasia 均須申報，組織型態應依據 WHO Classification of tumors of the colon and rectum 描述之 Dysplasia (intraepithelial neoplasia), high grade，編碼為 8148/2。常見組織型態如下表：

病理組織型態	組織型態/性態碼
Severe dysplasia (high grade dysplasia)	8010/2
Severe dysplasia (high grade dysplasia) with adenoma	8140/2
Severe dysplasia (high grade dysplasia) with cribriform comedo-type	8201/2
Severe dysplasia (high grade dysplasia) with adenomatous polyp	8210/2
Severe dysplasia (high grade dysplasia) with tubular adenoma	
Severe dysplasia (high grade dysplasia) with flat adenoma	8212/2
Severe dysplasia (high grade dysplasia) with serrated adenoma	8213/2
Severe dysplasia (high grade dysplasia) with adenomatous polyposis coli	8220/2
Severe dysplasia (high grade dysplasia) with villous adenoma	8261/2
Severe dysplasia (high grade dysplasia) with tubulovillous adenoma	8263/2

修訂含糊不清之詞彙第一大點之注意 3 的內容，刪除”2018”字眼：(p.19)

注意 3：詞意相同，但非前述可申報詞彙表之字眼則不需申報。例如：「supposed」不等同「presumed」；「equal」不等同「comparable」；「likely」不等同「most likely」。【參考 SEER Program Coding and Staging Manual 2018 第 10 頁、Hematopoietic and Lymphoid Neoplasm Coding Manual 2018 第 25 頁】

修訂原發部位之血液惡性腫瘤及淋巴瘤(Hematopoietic and Lymphoid Cancer)的內容，刪除”2018 年版”字眼：(p.22)

血液惡性腫瘤及淋巴瘤(Hematopoietic and Lymphoid Cancer)

- 2010年1月1日(含)以後診斷為淋巴瘤、血癌、其他血液腫瘤疾患(M9590-9993)之個案，其原發部位、組織型態、分級/分化及多重原發判定，應遵循SEER「Hematopoietic and Lymphoid

Neoplasm Coding Manual」2018年版與The Hematopoietic and Lymphoid Neoplasms Database (Hematopoietic DB) 之規則編碼。

修訂首次療程之手術欄位的相互關係之第八點內容；刪除注意 1；注意 2 改為注意：
(p.36)

- 附錄B「特定部位手術編碼」是以切除方式和範圍的程度來作為編碼分組依據。術式編碼00-79在同一層級文字內縮之術式比未內縮的術式更為精準，不同層級的編碼則是依手術切除範圍的廣泛程度之漸進性來排序編碼，列於越後面的術式應比列於越前面或內縮的術式應優先編碼。

範例：原發為Rectosigmoid，接受polypectomy with electrocautery(列在polypectomy之後)治療，編碼為22。

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

注意 2：若有特殊術式編碼方式請參考附錄 B：特定部位編碼指引及手術編碼。

修訂首次療程之手術欄位的相互關係之第十點內容：(p.37)

- 進行多次原發部位手術時，但若「原發部位手術方式」欄位編碼不變，則「原發部位最確切的手術切除日期」摘最早手術日期編碼；若「原發部位手術方式」欄位編碼層級較高/較精確變大時，則「原發部位最確切的手術切除日期」以層級較高/較精確做為最後手術日期編碼。

修訂首次療程之放射治療的內容，刪除「放射治療機構」：(p.38)

以下欄位適用於申報醫院或外院之放射治療：

~~「放射治療機構」~~

「放射治療與手術順序」

「區域治療與全身性治療順序」

修訂首次療程之放射治療之相互關係第十五點之第二小點，新增”皮下注射”：(p.41)

- 「區域治療與全身性治療順序」欄位中的全身性治療如為化學治療，其給藥途徑僅限於靜脈注射，動脈灌注(intraarterial infusion)，皮下注射及口服等一般全身性給藥途徑；而不包括單用下列特殊給藥途徑：動脈栓塞化學治療(TACE)、intraperitoneal、intrapleural、intrathecal、intravesical、intraocular、intratumoral等。

刪除首次療程之放射治療之相互關係第十六點；修訂第十七點「未放射治原因」改為「放射治療執行狀態」：(p.41)

~~「放射治療機構」可被用來追查放射治療是在那家醫院執行。其編碼可以區分提供局部放射治療的醫療機構及提供追加放射治療的醫療機構。~~

- 「放射治療執行狀態」，係登錄個案沒有接受放射治療的原因，是因為醫師判定個案有禁忌症而未建議放射治療，還是因為個案拒絕醫師所建議的治療計畫。

修訂首次療程之全身性治療最後一行之內容，新增”皮下注射”：(p.43)

全身性藥劑可以經由靜脈注射、動脈灌注(intra-arterial infusion/injection)、皮下注射或口服方式給藥。其他給藥途徑包括下列各項：

第二部份 癌症確認

#2.3.2 治療狀態分類

修訂編碼指引第七點，刪除”2018”字眼：(p.88)

- 根據2018 Hematopoietic and Lymphoid Neoplasm Coding Manual第24頁，”輸血”不視為癌症治療，而是症狀緩解，故「治療狀態分類」欄位應編碼為4。

#2.9 性態碼

修訂編碼指引第三點的注意：(p.88)

- Stage 0 的癌症一般性態碼為2，除了Paget’s disease(8540/3)of nipple/areola(C50.0)，以及侷限於lamina propria 的結直腸癌。

注意：Paget’s disease僅發生於乳頭、乳暈(C50.0)且乳房其他部位未發現任何腫瘤時，若病理報告明示Paget’s disease為in situ時，可編碼為8540/2。

#2.10.2 病理分級/分化

修訂編碼指引第九點，”仍可”改為”應”：(p.94)

- 個案於手術前有進行neo-adjuvant treatment，應仍可摘錄術後腫瘤組織病理Grade。

修訂範例並新增：(p.96-97)

範例：

編碼	案例
1	Cheek skin cancer 個案接受 excision biopsy 後，病理報告描述為 squamous cell carcinoma, well differentiated。此 excision biopsy 應視為治療性手術，原發部位手術方式也應編碼為 27。
A	Forearm skin cancer 個案接受 wide excision 後，病理報告描述為 squamous cell carcinoma, well differentiated。

#2.13.1 神經侵襲

修訂編碼指引第五點，第六點及第十點之第二，三小點：(p.110)

- 未接受前導性治療的個案，原發部位病理報告描述為不確定是否有侵襲與未侵襲兩種記錄時；或描述為不詳與未侵襲兩種記錄時，應以未侵襲的記錄為優先，編碼為0。

- 所有原發部位病理報告皆未描述神經侵襲情形，編碼為7。
- 若個案接受前導性治療，登錄原則如下：
 - 前導性治療執行前後任一原發部位病理報告記錄有神經侵襲，應編碼為1。
 - 若治療前後的病理報告皆描述未有神經侵襲時，應編碼為0。
 - 若治療前後的病理報告描述為不確定是否有侵犯與未侵犯兩種記錄時，不應編碼為0。

#2.13.2 淋巴管或血管侵犯

修訂編碼指引第六點，第七點及第十一點之第二，三小點：(p.112)

- 未接受前導性治療的個案，原發部位病理報告描述為不確定是否有侵犯與未侵犯兩種記錄時；或描述為不詳與未侵犯兩種記錄時，應以未侵犯的記錄為優先，編碼為0。
- 所有原發部位病理報告皆未描述淋巴管或血管侵犯情形，編碼為7。
- 若個案接受前導性治療，登錄原則如下：
 - 前導性治療執行前後任一原發部位病理報告記錄有淋巴管或血管有侵犯，應編碼為1。
 - 若治療前後的病理報告皆描述淋巴管或血管未侵犯時，應編碼為0。
 - 若治療前後的病理報告描述為不確定是否有侵犯與未侵犯兩種記錄時，不應編碼為0。

第二部份 癌症最初診斷期別

#3.4 臨床 T

修訂編碼指引第四點：(p.132)

- 編碼8888僅適用於AJCC schema未定義的T-code/M-code。若臨床期別組合使用Ann Arbor Staging System、Lugano Classification、International Staging System (ISS)、Revised International Staging System (RISS)，則編碼8888。

#3.5 臨床 N

修訂編碼指引第三點：(p.134)

- 編碼888僅適用於AJCC schema未定義的T-code/M-code。若臨床期別組合使用Ann Arbor Staging System、Lugano Classification、International Staging System (ISS)、Revised International Staging System (RISS)，則編碼888。

#3.6 臨床 M

修訂編碼指引第三點：(p.136)

- 編碼888僅適用於AJCC schema未定義的T-code/M-code。若臨床期別組合使用Ann Arbor Staging System、Lugano Classification、International Staging System (ISS)、Revised International Staging System (RISS)，則編碼888。

#3.7 臨床期別組合

修訂編碼指引第六點：(p.138)

- 2018年1月1日起，Lugano Classification Modification of the Ann Arbor Staging System、Revised International Staging System (RISS)，此期別需摘錄於臨床期別組合，臨床TNM應編碼為T8888N8888M888。

第二部份 首次治療

#4.3.8 外院免疫治療

修訂編碼範圍：(p.266)

編碼範圍：00-03, 20-21, 30-31, 99

#4.3.9 申報醫院免疫治療

修訂編碼範圍：(p.268)

編碼範圍：編碼範圍：00-03, 20-21, 30-31, 82-83,85-88, 99

附錄 B：特定部位編碼指引及手術編碼

Oral Cavity

刪除術式44: (p.333)

44 ~~Combination of 41 WITH resection in continuity with mandible and maxilla(marginal, segmental, hemi-, or total resection)~~

[SEER Note: “In continuity with” or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

Codes ~~40-43~~44 includ :

Total glossectomy

Radical glossectomy

Oral Cavity

2019/3/4

因2019/2/25誤刪除，2019/3/4恢復術式44，並於Specimen sent to pathology from surgical events 20-43改為20-44

44 Combination of 41 WITH resection in continuity with mandible and maxilla(marginal, segmental, hemi-, or total resection)

[SEER Note: “In continuity with” or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

Codes ~~40-43~~44 includ :

Total glossectomy

Radical glossectomy

Specimen sent to pathology from surgical events 20-~~43~~44

Pancreas

術式90新增一條SEER Note：(p.349)

90 Surgery, NOS

[SEER Note: Assign code 90 for NanoKnife, or irreversible electroporation (IRE)]

Skin

術式34及36各新增一條SEER Note：(p.356)

34 Mohs surgery, NOS

[SEER Note: Assign code 34 for shave biopsy followed by Mohs surgery for melanoma of the skin. Assign code 34 for Mohs surgery with unknown margins.]

35 Mohs with 1-cm margin or less

36 Mohs with more than 1-cm margin

[SEER Note: Assign code 35 for shave biopsy followed by Mohs with 1 cm margin or less.

Assign code 36 for shave biopsy followed by Mohs with more than 1 cm margin.]

修訂定義：(p.356)

If the excision does not have microscopically negative margins greater than 1 cm, use the appropriate code, 20-36.

If the excision or reexcision has microscopically negative margins less than 1 cm OR the margins are more than 1 cm but are not microscopically confirmed, use the appropriate code, 20-36.

Breast

術式24下方新增兩條SEER Note及說明：(p.358)

20 Partial mastectomy, NOS; less than total mastectomy, NOS

21 Partial mastectomy WITH nipple resection

22 Lumpectomy or excisional biopsy

23 Reexcision of the biopsy site for gross or microscopic residual disease

24 Segmental mastectomy (including wedge resection, quadrantectomy, tylectomy)

Procedures coded 20–24 remove the gross primary tumor and some of the breast tissue (breast-conserving or -preserving). There may be microscopic residual tumor.

[SEER Note: When a patient has a procedure coded to 20-24 (e.g., lumpectomy) with reconstruction, code only the procedure (e.g., lumpectomy, code 22) as the surgery.]

[SEER Note: Assign code 22 when a patient has a lumpectomy and an additional margin excision during the same procedure.]

According to the Commission on Cancer, re-excision of the margins intraoperatively during same surgical event does not require additional resources; it is still 22. Subsequent re-excision of lumpectomy margins during separate surgical event requires additional resources: anesthesia, op room, and surgical staff; it qualifies for code 23.

術式 75 下方新增及修改 SEER Note：(p.358-359)

40 Total (simple) mastectomy

41 WITHOUT removal of uninvolved contralateral breast

43 Reconstruction, NOS

44 Tissue

45 Implant

46 Combined (tissue and implant)

42 WITH removal of uninvolved contralateral breast

47 With Reconstruction, NOS

- 48 Tissue
- 49 Implant
- 75 Combined (tissue and implant)

[SEER Note: “Tissue” for reconstruction is defined as human tissue such as muscle (latissimus dorsi or rectus abdominis) or skin in contrast to artificial prostheses (implants). Placement of a tissue expander at the time of original surgery indicates that reconstruction is planned as part of the first course of treatment.]

[SEER Note: Assign code 43 for a simple mastectomy with tissue expanders and acellular dermal matrix/AlloDerm. The tissue expander indicates preparation for reconstruction. The acellular dermal matrix/AlloDerm is not coded because, while they often accompany an implant procedure, they are not the principle element of reconstructive procedures. The principle elements would be tissue from the patient and/or prosthetics (e.g., gel implants).]

A total (simple) mastectomy removes all breast tissue, the nipple, and areolar complex. An axillary dissection is not done, but sentinel lymph nodes may be removed.

For **single** primaries only, code removal of involved contralateral breast under the data item

Surgical

Procedure/Other Site (癌登欄位序號 #4.1.8 or 4.1.9).

[SEER Note: Example of single primary with removal of involved contralateral breast--Inflammatory carcinoma involving both breasts. ~~Example: Inflammatory carcinoma involving both breasts.~~ Bilateral simple mastectomies. Code Surgery of Primary Site 41 and code Surgical Procedure of Other Site 1.]

術式 63 下方修改說明：(p.359)

- 52 WITH removal of uninvolved contralateral breast
- 57 Reconstruction, NOS
- 58 Tissue
- 59 Implant
- 63 Combined (tissue and implant)

Removal of all breast tissue, the nipple, the areolar complex, and variable amounts of breast skin in continuity with the axilla. The specimen may or may not include a portion of the pectoralis major muscle.

[SEER Note: “In continuity with” or “en bloc” means that all the tissues were removed during the same procedure, but not necessarily in a single specimen. “Tissue” for reconstruction is defined as human tissue such as muscle (latissimus dorsi or rectus abdominis) or skin in contrast to artificial prostheses (implants). Placement of a tissue expander at the time of original surgery indicates that reconstruction is planned as part of the first course of treatment.]

If contralateral breast reveals a second primary, it is abstracted separately. The surgical procedure is coded 51 for the first primary. The surgical code for the Contralateral breast is coded to the procedure performed for that site **or Surgical Procedure/Other Site at This Facility (癌登欄位序號#4.1.9)**

Prostate

修改術式19之說明：(p.368)

Codes

00 None; no surgery of primary site; autopsy ONLY

18 Local tumor destruction or excision, NOS

19 Transurethral resection (TURP), NOS, ~~and no specimen sent to pathology or unknown if sent.~~

Brain [and other parts of central nervous system]

修改術式10之SEER Note : (p.373)

10 Tumor destruction, NOS

~~[SEER Note: Local tumor destruction, NOS]~~

[SEER Note: Local tumor destruction, NOS; laser interstitial thermal therapy (LITT) - code 10 if no specimen sent to pathology]

附錄D：分級/分化摘錄原則

Grade 09

分級/分化新增編碼L(Low grade)及H(High grade)；修改Note 1及新增Note 3,4：(p.398)

ICD-O T-/M-Code	Schema Name	AJCC 8 Chapter	Code	Grade Definition
T-Code： C54.0-C54.9, C55.9 M-Code： Corpus Uteri: Carcinoma and Carcinosarcoma 8000,8010,8013, 8020,8041,8070, 8140,8240,8255, 8263,8310,8323, 8380,8382,8441, 8460,8461,8480, 8560,8570,8950, 8980 Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma 8714,8800,8805, 8890,8891,8896, 8900,8910,8930, 8931,8935	Corpus Carcinoma and Carcinosarcoma, Corpus Sarcoma	53,54	1	FIGO Grade 1 G1: nonsquamous or nonmorular solid growth pattern ≤5% G1: Well differentiated
			2	FIGO Grade 2 G2: nonsquamous or nonmorular solid growth pattern =6-50% G2: Moderately differentiated
			3	FIGO Grade 3 G3: nonsquamous or nonmorular solid growth pattern >50% G3: Poorly differentiated, Undifferentiated, anaplastic
			L	Low grade
			H	High grade
			9	Grade cannot be assessed (GX); Unknown

Note 1: Cases of **endometrioid and mucinous carcinoma** of the corpus uteri should be grouped according to the degree of differentiation of the endometrioid adenocarcinoma:

- G1 indicates nonsquamous or nonmorular solid growth pattern ≤5%
- G2 indicates nonsquamous or nonmorular solid growth pattern =6-50%
- G3 indicates nonsquamous or nonmorular solid growth pattern >50%

Note 2: 若未做前導性治療，病理分級/分化應以手術切除原發部位最大腫瘤體積的病理報告結果為主。

Note 3: Serous, clear cell, small cell and large cell neuroendocrine carcinomas, undifferentiated carcinomas, dedifferentiated carcinomas, and carcinosarcomas 應編碼為 3。

Note 4: Leiomyosarcoma and endometrial stromal sarcoma 應編碼為 L 或 H。

Grade 13

分級/分化新增Note 4：(p.401)

Note 4:若個案僅接受 TURP(術式 21-23)，則分級/分化應一律編碼於臨床分級/分化欄位，病理分級/分化欄位應編碼為 9。

Grade 15

分級/分化修改Note 2及新增Note 3：(p.404)

Note 1: Urothelial Histologies:

For urothelial histologies a low- and high-grade designation is used to match the current WHO/ISUP recommended.

Note 2: ~~Squamous Cell Carcinoma and Adenocarcinoma (M-8070, 8071, 8072, 8140):~~

~~For squamous cell carcinoma and adenocarcinoma, the following grading schema is recommended.~~

Priority order for codes:

- Urothelial cancers: use codes L, H and 9. If only G1-G3 are documented, code 9.
- Adenocarcinomas and Squamous Cell Carcinomas: use codes 1-3, 9. If only L or H are documented, code 9.

Note 3:若個案之組織型態為 Urothelial Cancers 或 Adenocarcinomas and Squamous Cell

Carcinomas 且僅接受 TURBt，則分級/分化應一律編碼於臨床分級/分化欄位，病理分級/分化欄位應編碼為 9。